

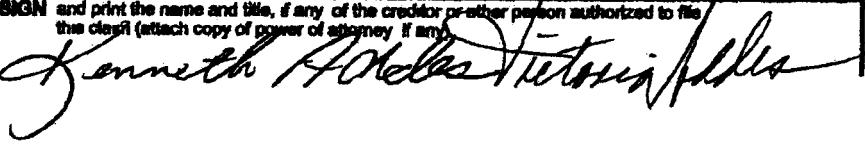
# **Exhibit C**

ORIGINAL  
PROOF OF CLAIM

1. Debtor 1. Commercial Mortgage Company	Case Number 06-10725-LBR
<p><input type="checkbox"/> Request for List of Debtors and Case Numbers shall not be used to make a claim for an administrative expense the consumer debtor of the case. A request for payment of an expense may be filed pursuant to 11 U.S.C. § 503</p>	
<p><b>Name of Creditor and Address</b> 11321 420 J 3454 ADAMS HERMAN 1341 CASHMALL DRIVE LAS VEGAS NV 89102 Barb M Adams &amp; Anthony G Adams</p>	
<p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars</p> <p><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case</p> <p><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court</p>	
<p><b>Telephone Number (702) 384-9275</b></p> <p><input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim dated _____</p>	
<p><b>1. ASK FOR CLAIM</b> See also claim summary <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal  <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances)  <input type="checkbox"/> as performed <input type="checkbox"/> Taxes  <input type="checkbox"/> as loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____  Money loaned to 3rd parties &amp; serviced by debtor (date) (date)</p>	
<p><b>2. AT DEBT WAS INCURRED</b> Various <b>3. IF COURT JUDGMENT, DATE OBTAINED</b></p>	
<p><b>4. CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See also claim summary</p>	
<p><b>UNSECURED NONPRIORITY CLAIM</b> \$ unknown</p> <p><input type="checkbox"/> Check this box if there is no collateral or lien securing your claim or b) your claim is for the value of the property securing it or c) none or only part of your claim is non priority unknown</p>	
<p><b>UNSECURED PRIORITY CLAIM</b></p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority</p> <p>Amount entitled to priority \$ unknown</p> <p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)</p>	
<p><b>5. TOTAL AMOUNT OF CLAIM</b> \$ unknown \$ 2,088,250.00 <b>6. TIME CASE FILED</b> (unsecured) (secured) Plus <b>7. CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p>	
<p><b>8. SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of bank accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary</p>	
<p><b>9. DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim</p> <p>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2009, or such person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)</p> <p><b>BY MAIL TO</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911</p> <p><b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245</p>	
<p><b>10. SIGN</b> and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).</p> <p>11/5/06 <i>Herman Adams</i> <i>Herman Adams</i> <i>Herman Adams</i></p>	
<p><b>11. PENALTY</b> The filing of a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.</p>	
<p><b>12. THIS SPACE FOR COURT USE ONLY</b></p> <p>13. USA CMC</p> <p>1072501274</p>	

PENS -

C

		PROOF OF CLAIM		
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name of Creditor and Address.  ADDES, KENNETH 100 W BROADWAY APT # 7V LONG BEACH NY 11561		<b>IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT</b>  <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b>  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again <b>THIS SPACE IS FOR COURT USE ONLY</b>		
Creditor Telephone Number (516) 897-3810/3820 Last four digits of account or other number by which creditor identifies debtor 5801		<input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____		
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <u>INTEREST</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 DATE DEBT WAS INCURRED</b> <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b> <b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral    \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any    \$ <u>350,000.00</u>		
<b>UNSECURED NONPRIORITY CLAIM \$ 44,523.01</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		
<b>5 TOTAL AMOUNT OF CLAIM \$ 44,523.01</b> AT TIME CASE FILED (unsecured)    \$ <u>350,000.00</u> \$ _____		(secured)    \$ _____ (priority)    \$ _____		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges				
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary				
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim				
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)				THIS SPACE FOR COURT USE ONLY
BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911				FILED DEC 08 2006 USA CMC
DATE 12/2/06	SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)			
				 1072501619

<b>PROOF OF CLAIM</b>	
Name of Debtor <b>USA COMMERCIAL MORTGAGE CO.</b>	Case Number <b>06-10725 (LBR)</b>
<p><b>NOTE</b> See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</p>	
<p><b>Name of Creditor and Address</b> [REDACTED] 11321241003306 AMBERWAY EQUITIES LLC 14400 MORNING MOUNTAIN WAY ALPHARETTA GA 30004-4521</p>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court
<p><b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b> If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again <b>THIS SPACE IS FOR COURT USE ONLY</b></p>	
Creditor Telephone Number <b>(770-330-2921)</b>	<input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim dated _____
Last four digits of account or other number by which creditor identifies debtor <b>Client 105014 Act # 4309</b>	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)	
<b>2 DATE DEBT WAS INCURRED</b> <b>4/1/2004</b> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations	
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority	
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim	
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other 1ST <del>Trust Dated</del> Value of Collateral \$ <b>100,000.00</b> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____	
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(e)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	
<b>5 TOTAL AMOUNT OF CLAIM</b> \$ <b>100,000.00</b> \$ _____ \$ <b>100,000.00</b> AT TIME CASE FILED (unsecured) (secured) (priority) (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges	
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim	
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary	
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).	
<b>BY MAIL TO</b> BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	
<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245	
DATE <b>10/9/06</b>	SIGN, and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
<b>FILED OCT 16 2006</b> USA CMC  1072500594	

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor	Case Number		
USA COMMERCIAL MORTGAGE CO		06-10725-LBR	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property)	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent	This space is for Court Use Only		
JAMES O DERY 19601 VAN AKEN Blvd SHAKER 1 HTS OH 44122			
Telephone number 216/283-2505			
Last four digits of account or other number by which creditor identifies debtor	<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends a previously filed claim dated _____		
1 Basis for Claims	<input type="checkbox"/> Return benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Last four digits of your SS # _____ <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____ (date) (date)		
2 Date debt was incurred	3. If court judgment, date obtained:		
MARCH 2001			
4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	Unsecured Nonpriority Claim \$1,396,673.86 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority		
Unsecured Priority Claim	<input type="checkbox"/> Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$UNKNDWN Amount of arrearage and other charges at time case filed included in secured claim, if any \$22,925.39		
Amount entitled to priority 5 _____	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____		
Specify the priority of the claim	*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)			
<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)			
<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).			
5. Total Amount of Claim at Time Case Filed	\$1,396,673.86		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	(unsecured) (secured) (priority) (Total) 1,396,673.86 0 0 1,396,673.86		
6. Creditors: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	This space is for Court Use Only		
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, enclose. If the documents are voluminous, attach a summary.			
8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	FILED JAN 11 2007		
Date 1/10/07	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)		

Penalty for presenting fraudulent claims. Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §

USA CMC  
1072502063

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM		 <b>YOUR CLAIM IS SCHEDULED AS</b> Schedule/Claim ID 831221	
Name of Debtor <b>USA Commercial Mortgage Company</b>		Case Number <b>06-10725-LBR</b>		Amount/Classification \$0.00 Unsecured <del>200,000</del>	
<b>NOTE</b> See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below	
<b>Name of Creditor and Address</b>  DON P MARSHALL TRUST DATED 7/18/95 C/O DON P MARSHALL TRUSTEE 221 CHIQUITA RD HEALDSBURG CA 95448 9055		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed	
<b>Creditor Telephone Number ( )</b> Last four digits of account or other number by which creditor identifies debtor		<input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court		If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again <b>THIS SPACE IS FOR COURT USE ONLY</b>	
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned		<input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2 DATE DEBT WAS INCURRED</b>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>			
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations					
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority					
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)					
<b>SECURED CLAIM</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____					
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment					
<b>5 TOTAL AMOUNT OF CLAIM \$ <u>200,000</u> \$ _____</b> AT TIME CASE FILED (unsecured) (secured) (priority) (Total) \$ <u>200,000</u>					
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim					
<b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary					
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim <i>See Start attached</i>					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED)				<b>THIS SPACE FOR COURT USE ONLY</b>	
<b>BY MAIL TO</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo CA 90245 0911		<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245		<b>FILED JUN 04 2007</b>	
DATE <u>5/31/07</u>		SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>Don P. Marshall, TTEE</i>		USA CMC  1072502482	

## FORM B10 (Official Form 10) 06-10725-lbr Claim 2364-1 Filed 01/30/07 Page 1 of 4

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor <i>Eric C Disbrow</i>		Case Number <i>06-10725-LB</i>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): <i>Eric C Disbrow</i> <i>Attala, for Eric C Disbrow M.D. Inc</i> <i>PCP at Shady Pines</i>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <i>Eric Disbrow</i> <i>3840 Fairway Dr.</i> <i>San Juan Park, Ca 75682</i>		THE SWC IS FOR COURT USE ONLY	
Telephone number: <i>672-0126</i>			
Last four digits of account or other number by which creditor identifies debtor:		Check here if this claim	replaces _____ amends a previously filed claim, dated: _____
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <i>See Exhibit A</i>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred:		3. If court judgment, date obtained:	
4. Classification of Claims. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>Unsecured Nonpriority Claim \$ 747,567.04</b>			
<input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).	
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.		<b>Brief Description of Collateral:</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of Collateral:</b> \$ <i>100,000.00</i> <b>Amount of arrearage and other charges at time case filed included in secured claim, if any:</b> \$ <i>64348.37</i>	
Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (A)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____.	
5. Total Amount of Claim at Time Case Filed:		<i>\$ 747,567</i> <i>497,567</i> <i>447,567</i>	
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		(unsecured) (secured) (priority) (Total) THE SWC IS FOR COURT USE ONLY	
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of liens. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <i>1/11/07</i>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <i>Eric C Disbrow</i> <i>Attala, for Eric C Disbrow</i>		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

*Attala, Inc. Pr. Sh. Pt.*

## FORM B10 (Official Form 10) (10/06)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM <small>This form is for Court Use Only</small>
Name of Debtor <b>USA COMMERCIAL MORTGAGE COMPANY</b>	Case Number <b>06-10725-LBR</b>		
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>ROBERT ESSAFF &amp; CINDY H. ESSAFF TRUSTEES OF THE ESSAFF FAMILY TRUST DATED 6/18/02</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent <b>ROBERT &amp; CINDY H. ESSAFF 2860 HEYBOURNE RD MINDEN, NV 89423 Telephone number 775-267-5579</b>	<small>This form is for Court Use Only</small>		
Last four digits of account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____.		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <b>SEE EXHIBIT A</b>	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred <b>12/15/03</b>	3. If court judgment, date obtained		
4. Classification of Claims. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>Unsecured Nonpriority Claim \$1,599,184.01</b>			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____ <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>			
5. Total Amount of Claim at Time Case Filed <b>\$1,599,184.01 / 1,599,184.01</b> <small>(unsecured) (secured) (priority) (Total)</small> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6. Credits. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
7. Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <b>1/11/07</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <b>Robert ESSAFF, TRUSTEE Cindy H. ESSAFF, CINDY H ESSAFF, TRUSTEE</b>		

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 1341 and 1511.

USA CMC  
1072502382

## FORM B10 (Official Form 10) (10/06)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor <b>USA COMMERCIAL MORTGAGE CO.</b>		Case Number <b>06-10725-LBR</b>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>FREDA NEWMAN, TRUSTEE</b> <b>FREDA NEWMAN TRUST 725/2007</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Name and address where notices should be sent. <b>FREDA NEWMAN</b> <b>510 DANIEL NEWMAN</b> <b>125 E 21ST AV DR. SUITE 102 BIRMINGHAM</b> Telephone number <b>928 282 5466</b>		This Statement is for Court Use Only	
Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces of this claim <input type="checkbox"/> amends a previously filed claim dated _____	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2. Date debt was incurred</b> <b>OCTOBER 29 2003</b>		<b>3. If court judgment, date obtained</b>	
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<b>Unsecured Nonpriority Claim</b> <b>\$LINE 4 OF EX A</b> <input type="checkbox"/> Check this box if: a) there is no collateral or item securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority			
<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)			
<b>Brief Description of Collateral</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of Collateral</b> <b>\$UNKOWN</b> <b>Amount of arrearage and other charges at time case filed included in secured claim, if any</b> <b>\$LINE 2 OF EX A</b>			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 107(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(b)(X) _____			
<i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i>			
<b>5. Total Amount of Claim at Time Case Filed</b> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges		<b>\$LINE 4 OF EX A</b> <b>(\$unsecured)</b> <b>(\$secured)</b> <b>(priority)</b> <b>(Total)</b> <b>\$LINE 4 OF EX A</b>	
<b>6. Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
<b>7. Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of liens. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available explain. If the documents are voluminous attach a summary			
<b>8. Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
Date <b>JAN 9 2007</b>		Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <b>FREDA NEWMAN</b> <b>TRUSTEE</b>	
<i>Penalty for perjury, fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152.</i>			
		<b>FILED JAN 11 2007</b> <b>USA CMC</b>  1072502081	

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor <b>USA COMMERCIAL MORTGAGE COMPANY</b>		Case Number <b>06-10725-LBR</b>	
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
<p>Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>JOHN A.M. HANDAL, a single man</b></p>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope seal to you by the court.	
<p>Name and address where notices should be sent <b>3575 SISKIYOU CT HAYWARD, CA (94542)</b></p>		<small>This Space is for Court Use Only</small>	
<p>Telephone number <b>510-581-3754</b></p>		<input type="checkbox"/> Check here <input checked="" type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated <b>11/11/06</b>	
<p>Last four digits of account or other number by which creditor identifies debtor <b>ACC. ID 5811</b></p>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<p>1. Basis for Claim  <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input checked="" type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input checked="" type="checkbox"/> Other <u>SEE EXHIBIT A</u> </p>			
<p>2. Date debt was incurred <b>NOVEMBER/11/2004</b></p>		<p>3. If court judgment, date entered</p>	
<p>4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.</p> <p><b>Unsecured Nonpriority Claim \$ 711,472.73</b></p> <p><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority</p>			
<p>Unsecured Priority Claim  <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority</p>		<p>Secured Claim  <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p>	
<p>Amount entitled to priority \$ _____</p>		<p>Brief Description of Collateral  <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____          Value of Collateral \$ <u>UNKNOWN</u></p>	
<p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (5)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)</p>			
<p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)</p> <p><small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>			
<p>5. Total Amount of Claim at Time Case Filed <b>\$ 711,472.73</b></p>		<p><b>\$ 711,472.73</b>  <small>(unsecured) (secured) (priority) (Total)</small> </p>	
<p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.</p>			
<p>6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p>		<small>This Space is for Court Use Only</small>	
<p>7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS IF the documents are not available, explain. If the documents are voluminous, attach a summary</p>			
<p>8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.</p>			
<p>Date <b>JAN/9/2007</b></p>		<p>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)</p> <p><u>J. Handal</u> <u>JOHN A M HANDAL</u></p>	
		<p>USA CMC            1072502286</p>	

FILED JAN 12 2007

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor	Case Number 06-10725-142		
USA Immencity Mortgage, Inc.			
<b>NOTE:</b> See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
<b>Name of Creditor and Address:</b> Homfield II, LLC 2415 N Atlantic Blvd Ft Lauderdale, FL 33305			
<b>Creditor Telephone Number ( )</b> (754) 524-7705 <b>Last four digits of account or other number by which creditor identifies debtor</b> 2453			
<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving permission  <input type="checkbox"/> Check box if you have ever received any notice from the bankruptcy court or BNC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court			
<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b> If you have already filed a proof of claim with the Bankruptcy Court or BNC, you do not need to do again. <b>THIS SPACE IS FOR COURT USE ONLY</b>			
<b>1. BASIS FOR CLAIM:</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Money lent <input type="checkbox"/> Other (describe briefly) FAMILY TAXES, INC. (KAN/SC/TAX LLC)			
<b>2. IF COURT JUDGMENT, DATE OBTAINED:</b> <b>3. CLASSIFICATION OF CLAIM:</b> Check the appropriate box or boxes that best describe your claim and enter the amount of the claim at the time case filed See Reverse side for bankruptcy definitions. <b>UNSECURED HIGH PRIORITY CLAIM: \$ 7,621,221.65</b> <input checked="" type="checkbox"/> Check this box if there is no collateral or less secured your claim, or if your claim exceeds the value of the property securing it, or if a date or only part of your claim is entitled to priority <b>UNSECURED PRIORITY CLAIM:</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 550 (4)(A)(i) or (4)(1)(B) <input type="checkbox"/> Wages, salaries, or compensation (up to \$50,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 5507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(3)			
<b>4. SECURED CLAIM:</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral \$  <input type="checkbox"/> Up to \$2,235* of deposit toward purchase, lease, or rental of property or services for personal family or household use. 11 U.S.C. § 547(b)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 547(b)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 547(b)( *Amounts are subject to adjustment on 4/1/07 and every 5 years thereafter with respect to claims commenced on or after the date of adjustment			
<b>5. TOTAL AMOUNT OF CLAIM \$</b> <b>AT TIME CASE FILED:</b> \$ (Unsecured) \$ (Secured) \$ (Priority) \$ (Total) \$ <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach separate statement of all interest or additional charges			
<b>6. CREDITOR:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim <b>7. SUPPORTING DOCUMENTS:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of bank accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
<b>8. DATE-STAMPED COPY:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm prevailing Pacific time, on November 13, 2005 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BNC - Group 1000 USACM 1st floor Docketing Center P.O. Box 911 Ft. Lauderdale, FL 33345-0911  BY HAND OR OVERNIGHT DELIVERY TO: BNC Group Attn: USACM Claims Docketing Center 1300 East Franklin Avenue Ft. Lauderdale, FL 33345			
DATE 11/11/06	SIGN and DATE this agreement file, if any, of the creditor or other person authorized to file this when (attach copy of power of attorney if any).  <i>Debtors Inc. Inc. Inc.</i>		
Penalty for presenting this false claim is a fine of up to \$500,000 or imprisonment for up to 3 years, or both. 18 U.S.C. § 1512 AND 3671			
<b>THIS SPACE FOR COURT USE ONLY</b> <b>FILED DEC 11 2006</b>			